Criterios de Brugada para diagnosticar Taquicardia Ventricular

Resumen

Brugada's criteria are an ECG algorithm to distinguish Ventricular Tachycardia (VT) from Supraventricular Tachycardia (SVT) with aberrancy, focusing on QRS morphology, using rules like the absence of RS complexes in chest leads, R-S interval >100ms, or evidence of AV dissociation, with any positive finding strongly suggesting VT, and if none, then SVT. Key criteria include: 1) No RS complex in precordial leads, 2) R-S interval >100ms, 3) AV dissociation, and 4) Specific morphology (concordance or certain RBBB/LBBB patterns).

The Four Criteria

1. Absence of RS Complex in all Precordial Leads (V1-V6): If all chest leads show a purely positive (R wave) or purely negative (QS complex) QRS, it suggests VT (positive concordance).
2. R-S Interval > 100 ms: If the time from the start of the R wave to the lowest point (nadir) of the S wave is over 100 milliseconds in any precordial lead, it's VT.
3. AV Dissociation: Independent P waves marching through, unrelated to the QRS complexes, is diagnostic of VT (though hard to see at fast rates).
4. QRS Morphology: Specific patterns, like a tall, smooth R wave in V1-2 (RBBB-like) or a dominant S wave in V1 (LBBB-like), also point to VT if present.

How to Apply

- Apply these criteria sequentially to a wide-complex tachycardia (QRS >120ms).
- If any criterion is met (positive), diagnose VT with high specificity.
- If all four are negative, diagnose SVT with aberrancy, also with high specificity.
- Safety Net: If unsure, assume VT.

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